

**ISDH Long Term Care
Newsletter Issue # 09-09
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All Hazards Emergency Preparedness Plans

The need for health care facilities to plan and prepare for emergencies was clearly illustrated by events occurring in Indiana during 2008. Indiana experienced a serious influenza season, an earthquake, tornadoes, flooding, and an ice storm. Two major flooding events required the evacuation of over 40 health care facilities and directly affected over 100 health care facilities. The lesson learned by many facilities was that planning and preparation is vital to getting through an emergency.

Providing high quality health care to residents includes being prepared for emergency situations and disasters. Training your staff and informing your residents of your plan along with tabletop or "live" exercises of it will benefit your staff and your residents. Licensing rules therefore require comprehensive long term care facilities to have detailed written plans and procedures to meet all potential emergencies and disasters [410 IAC 16.2-3.1-13(l)].

At the September 23, 2008 Indiana Long Term Care Leadership Conference the Indiana State Department of Health (ISDH) provided resources on planning for emergencies and requested that all comprehensive care facilities (nursing homes) submit their emergency plans to the agency for review. Documentation of training on the plan and exercise of the plan was also requested. The ISDH's goal is to encourage facilities to complete and/or update their emergency preparedness plans.

Preparedness Plan Content

Each health care facility needs to develop an emergency plan that fits their specific needs and resources. To provide facilities guidance in developing their plan, the ISDH requests that all long term care facilities develop a comprehensive emergency preparedness plan that addresses at a minimum the following:

Contact information for local and state emergency departments and/or resources.

An emergency preparedness plan related to:

- shelter in place;
- evacuation (long and short term evacuation needs); and
- recipient facility agreements (e.g., mutual aid transfer agreements).

The plan should address, at a minimum, the following elements:

- A system to identify residents and their specific needs and concerns. This system should include the manner in which the facility will keep the information current/updated and ready for implementation, if/when needed.
- Facility response for emergency/disaster that includes, but is not limited to:
 - identification of key staff responsible for executing the disaster plan;
 - identification of supplies and equipment needed; and
 - development of a communication system for residents, staff, families, etc.
- Development of a system that collaborates with the following:
 - suppliers;
 - other health care facilities;
 - emergency response teams;
 - transportation companies; and
 - community resources.
- Identification of issues related to staff availability and staffing needs
- Specifics/needs related to the emergency, whether shelter in place or evacuation, such as:
 - food;
 - water;
 - medications;
 - treatments;
 - medical records;
 - clothing/personal items; and
 - medical equipment.
- Transportation arrangements for evacuation, receiving, and returning residents.
- Recovery plan, including reentry to facility.
- Communications responsibility with state officials.
- System to ensure security for contents of the facility throughout the emergency and recovery period.
- A facility business plan to ensure continuity of services.

Following the creation and implementation of the emergency plan, the facility is requested to:

- Train all staff on the emergency preparedness plan.
- Perform simulated or actual exercises of evacuation plan, shelter-in-place and/or recipient facility plan. The exercise should include, but not be limited to:
 - Retrieval of ready-to-use system of resident identification/needs by designated staff.
 - Retrieval of medications and medical records by designated staff.
 - Contact of mutual aid facilities to confirm continued availability, if needed.
 - Contact of transportation companies to confirm continued availability, if needed.
 - Review of means by which evacuation would take place.
 - Retrieval of necessary supplies / equipment used by the residents.
 - Review of available emergency contact numbers and state officials.
 - Review of staff contact numbers.

- Review of facility's emergency food and water supply.
- Develop a system to review the disaster plan at least twice annually, including an actual exercise/drill.

All long term care facilities are requested to submit to ISDH by **April 1, 2009**:

- the completed plan;
- date(s) of staff training; and
- date(s) of exercise

Submissions should be sent to:

Burton Garten

Indiana State Department of Health

2 North Meridian Street, #5A

Indianapolis, IN 46204

317-233-7948

bgarten@isdh.in.gov (E-mail submissions are preferred)

Plans Due April 1, 2009

Please submit your plan by email to Burton Garten at bgarten@isdh.in.gov by April 1, 2009. If you cannot meet the April 1 date please submit the plan as soon after the date as possible. Should your plan be ready by April 1 but you will not have trained on or exercised the plan until a later date, include the date of your upcoming training and exercise(s) with your plan submission.

There are no punitive actions attached to this request. Your plans will be reviewed and any questions, suggestions for improvement, or other items to consider, will be communicated to you. Our intent is to prepare long term care facilities for all hazards to ensure continued quality health care. By reviewing emergency plans we hope to better identify state preparedness needs and improve state response and recovery.

New CDC Preparedness Website

The Centers for Disease Control and Prevention (CDC) has created a new [webpage](#) that provides all-hazards resources intended for individuals at healthcare facilities tasked with ensuring that their facility is as prepared as possible for an emergency. The healthcare facilities targeted by this page include hospitals, long-term acute and chronic care facilities, outpatient clinics and urgent care facilities, physicians' offices, and pediatric offices and hospitals.

Frequently Asked Questions

Who should submit their Emergency Preparedness plans to the ISDH?

The ISDH is requesting that comprehensive care facilities (nursing homes) submit their plans. We encourage residential care facilities to put together an all hazards emergency preparedness plan or update the plan they now have, but are not requesting submission of their plans at this time.

Do we have to have Mutual Assistance Agreements?

Mutual Assistance Agreements detail the responsibilities of each partner or facility to provide the specified, shelter, staff, supplies, or other assistance in the case of an emergency situation. Mutual Assistance Agreements are recommended but not required. The benefit in a Mutual Assistance Agreement is not as much the actual agreement as it is the communication between facilities that occurs in discussing the agreement. The lesson from 2008 was that many facilities stated that they wished that they had discussed

these preparedness issues with other facilities in their area beforehand. The Mutual Assistance Agreement documents those discussions. At a minimum, facilities should discuss with community partners and other long term care facilities how they might assist each other in the case of an emergency. Getting it in writing helps minimize misunderstandings. Even with Mutual Assistance Agreements each party should periodically review their agreements to determine whether changes are needed.

We have multiple facilities under one corporate ownership. We are using the same template for each facility. Do we submit the entire plan for each facility which will mean duplication?

Multiple facilities under one owner can coordinate through their corporate office to send submit the template plan once with each facility submitting their facility-specific pages separately. If you are submitting electronically, as we prefer, it may be easier to send the entire plan from each facility.

Will you review and approve our plan?

Your plan will be reviewed and comments or suggestions will be provided as we believe they will be helpful. Our purpose is to assist you in developing your plan rather than approve plans.

What do we do after our plans are complete and submitted?

Continue to train on your plan and exercise your plan on a regular basis. Remember that plans are never complete and should be periodically reviewed and updated to keep them current with changes at your facility or in your community. Exercising your plan may point to needed changes in your plan. We will attempt to keep you current with preparedness issues through this newsletter.



That's all for this week.

Terry Whitson
Assistant Commissioner
Indiana State Department of Health